

County: Marinette
 RENNES HEALTH CENTER-WEST
 501 N LAKE ST

Facility ID: 7530

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PESHTIGO 54157 Phone:(715) 582-3906
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 115
 Total Licensed Bed Capacity (12/31/04): 115
 Number of Residents on 12/31/04: 92

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 93

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years		20.7
Day Services	Yes	Mental Illness (Org./Psy)	28.3	65 - 74	4.3			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	33.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/04)		
Other Meals	Yes	Cardiovascular	15.2	65 & Over	94.6	-----		
Transportation	No	Cerebrovascular	14.1		-----	RNs		9.5
Referral Service	No	Diabetes	2.2	Gender	%	LPNs		9.0
Other Services	No	Respiratory	2.2	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.9	Male	29.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	70.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	7	10.4	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	7.6	
Skilled Care	10	100.0	361	57	85.1	120	0	0.0	0	15	100.0	152	0	0.0	0	0	0.0	0	82	89.1	
Intermediate	---	---	---	3	4.5	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.3	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	10	100.0		67	100.0		0	0.0		15	100.0		0	0.0		0	0.0		92	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	14.5	Bathing	1.1	93.5	5.4	92
Private Home/With Home Health	0.8	Dressing	8.7	89.1	2.2	92
Other Nursing Homes	2.4	Transferring	29.3	66.3	4.3	92
Acute Care Hospitals	80.6	Toilet Use	20.7	75.0	4.3	92
Psych. Hosp.-MR/DD Facilities	0.0	Eating	62.0	35.9	2.2	92
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.6					
Total Number of Admissions	124	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	2.2	Receiving Respiratory Care		12.0
Private Home/No Home Health	34.8	Occ/Freq. Incontinent of Bladder	56.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	10.4	Occ/Freq. Incontinent of Bowel	15.2	Receiving Suctioning		0.0
Other Nursing Homes	6.7			Receiving Ostomy Care		4.3
Acute Care Hospitals	21.5	Mobility		Receiving Tube Feeding		3.3
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.5	Receiving Mechanically Altered Diets		32.6
Rehabilitation Hospitals	0.0					
Other Locations	3.0	Skin Care		Other Resident Characteristics		
Deaths	23.7	With Pressure Sores	10.9	Have Advance Directives		81.5
Total Number of Discharges		With Rashes	13.0	Medications		
(Including Deaths)	135			Receiving Psychoactive Drugs		59.8

 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.5	84.2	0.92	86.9	0.89	87.7	0.88	88.8	0.87
Current Residents from In-County	72.8	76.9	0.95	80.4	0.91	70.1	1.04	77.4	0.94
Admissions from In-County, Still Residing	19.4	19.0	1.02	23.2	0.83	21.3	0.91	19.4	1.00
Admissions/Average Daily Census	133.3	161.6	0.82	122.8	1.09	116.7	1.14	146.5	0.91
Discharges/Average Daily Census	145.2	161.5	0.90	125.2	1.16	117.9	1.23	148.0	0.98
Discharges To Private Residence/Average Daily Census	65.6	70.9	0.93	54.7	1.20	49.0	1.34	66.9	0.98
Residents Receiving Skilled Care	96.7	95.5	1.01	96.9	1.00	93.5	1.04	89.9	1.08
Residents Aged 65 and Older	94.6	93.5	1.01	92.2	1.03	92.7	1.02	87.9	1.08
Title 19 (Medicaid) Funded Residents	72.8	65.3	1.11	67.9	1.07	68.9	1.06	66.1	1.10
Private Pay Funded Residents	16.3	18.2	0.90	18.8	0.87	19.5	0.84	20.6	0.79
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	28.3	28.5	0.99	37.7	0.75	36.0	0.79	33.6	0.84
General Medical Service Residents	35.9	28.9	1.24	25.4	1.41	25.3	1.42	21.1	1.70
Impaired ADL (Mean)	40.0	48.8	0.82	49.7	0.80	48.1	0.83	49.4	0.81
Psychological Problems	59.8	59.8	1.00	62.2	0.96	61.7	0.97	57.7	1.04
Nursing Care Required (Mean)	9.5	6.5	1.47	7.5	1.27	7.2	1.32	7.4	1.28